



Stay Safe East Policy Response Equality impact of Covid 19

April 2020

Response to Women and Equalities Committee consultation: impact of Covid 19 on people with protected characteristics

Stay Safe East is one of other two funded user-led specialist organisations supporting Deaf or disabled survivors of domestic, sexual and other abuse, and amongst a small number of local disabled people's organisations working on hate crime. We support disabled people in London, and work closely with other deaf and disabled people's organisations including Inclusion London who have submitted their own response.

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Stay Safe East's response is focused primarily on the impact on disabled people from all backgrounds and communities and covers the following issues:

- The impact of the national response to Covid 19 on the human rights of disabled people
- The impact on crimes and human rights violations against disabled people
 - Hate crime and other targeted crimes
 - Domestic abuse and violence against disabled women and girls
 - Abuse against disabled people living in institutional care or receiving services from social care or mental health

Our response puts forward some recommendations for action for central government, health and social care services and other sectors.

National responses to Covid 19: Impact on disabled people

Note: Stay Safe East is currently supporting over 120 disabled people in East London boroughs and across London. All our Board members, staff and volunteers are disabled people. 70% of staff and around 60% of clients either shielding or in self-isolation. Our response is based on these shared experiences and on the wider issues, which have come to our attention as an organisation working for the human rights of disabled people, including those reported by our partners in our Advisory Group on Domestic Abuse and Disabled People.

We refer to 'disabled people' to include older people who need care and support, and do not differentiate by age. the lives of all disabled people, old or young, matters.

The spread of COVID-19 has caused widespread hardship in the UK and internationally. The Covid 19 virus has been described as 'an equal opportunities virus' but it has become obvious that it is affecting different population groups unevenly. The medical euphemism 'people with underlying health conditions' includes an overwhelming majority of disabled people. Disabled people are more likely to be seriously ill from the virus, and more likely to die. Disabled people from (BAME) minoritised communities are more likely to die. Disabled people are more likely to be living in poverty, and people living in poverty are more likely to die. Disabled people are at above-average risk of direct or indirect harm because of socio-economic disadvantage and discrimination (often linked with lack of access), as well as illness and impairment. This may be made worse by other forms of inequality and exclusion.

This in itself should be a concern for government. The response has been to ask/require that 1,2 Million people who are at greatest risk 'shield' themselves from the virus by remaining at home, not going out even for exercise or medical reasons, and the remainder of people at risk remain in self isolation- a kind of 'lockdown plus'. This is a positive recognition of the risks but it places the onus exclusively on those most affected to protect themselves.

- Disabled people who need assistance with their personal care or daily living, and as a result are in regular contact with health professionals (including mental health) or who are living in supported or residential care, or other institutional care, are at very high risk from the virus. And of course those who provide the care are also at high risk – family carers and other unpaid carers.

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Nursing and care workers, personal assistants, mental health workers, support workers etc. Lack of preparedness and the resulting appalling lack of availability of PPE have caused deaths that should not have happened.

- Lack of staff, insufficient personal protective equipment, and under-testing in care homes not only increases COVID-19 risk, but may have a negative wider impact on community safety and public health.
- Limited availability of social care services also means family and other informal carers may have to travel very long distances to support disabled people. Very few family carers have access to PPE. This in itself increases the transmission risk.
- Live-in domestic staff whose employers harshly mistreat them but have been told they will be deported if they complain, e.g. about being forced to work if ill. To protect them and wider public health, it may be helpful to follow Portugal's example in treating all migrants and asylum-seekers as permanent residents during the pandemic (<https://www.independent.co.uk/news/world/europe/coronavirus-portugal-migrants-asylum-seekers-treatment-residents-a9431831.html>), including promising not to share NHS or social services information with the Home Office without individuals' permission.
- Many people with mental health issues are survivors of domestic abuse, hate crime or other forms of violence or severe loss. Involuntary detention may exacerbate trauma and be very expensive while not addressing underlying distress effectively. The threat of this may also deter people from seeking the help they require, especially if safeguards are fewer under current laws. Expanding funding to service user-led services, including crisis houses, may offer a humane and ultimately cost-effective alternative.
- In applying lockdown rules, it is important for police and other public authorities to take account of the specific needs of disabled people (<https://www.localgovernmentlawyer.co.uk/adult-social-care/391-adult-care-news/43366-government-changes-how-outdoor-exercise-guidance-applies-to-people-with-specific-health-needs>), including those who may face abuse or harassment in their home but not be easily able to articulate this.

Further reduction or withdrawal of social care may result in both immediate and longer-term costs. Mental and physical health of those around them may be harmed,

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as well as staff and public morale. Incidents around people dying/not receiving care may result in public outrage.

- If frontline staff are unable to provide adequate treatment and care to disabled people, including as a result of guidelines which are discriminatory, they may be at heightened risk of trauma and/or moral injury (the psychological distress which results from actions, or lack of them, which violate someone's moral or ethical code, <https://www.kcl.ac.uk/news/moral-injury-insights-into-supporting-frontline-workers-during-and-after-the-covid-19-pandemic>), with potentially devastating effects. They may give up work, heightening the strain on services, or need treatment themselves.
- The pandemic has made clear how closely people are interconnected. Failure to treat disabled people equitably is not only unjust and sometimes unlawful but also may cost more in the long term and may negatively affect many non-disabled people, potentially damaging social cohesion and morale. The recent public dissatisfaction and anger about conditions in care homes shows that a significant proportion of people do care about what happens to disabled people, and in particular older disabled people (<https://www.theguardian.com/world/2020/apr/14/are-people-dispensable-care-home-manager-tells-how-third-of-residents-have-died-from-covid-19#maincontent>) and pressure to accept do not resuscitate orders for children (<https://www.mirror.co.uk/news/uk-news/vulnerable-kids-parents-covid-coronavirus-21852510>) and adults.
- NHS England and Public Health England advice to health and social care professionals and the wider public should be updated to take account of the particular ways in which COVID-19 and the wider effects of the pandemic may be manifested in, and experienced by, sections of the population most likely to have multiple health conditions and/or problems in accessing healthcare if their condition were to deteriorate (taking account of the fact that, even if people do not live alone, others in the household may not always be able or willing immediately to seek urgent help for the person concerned if this is needed)?
- While the majority of the population are in lockdown, everyone is more or less in the same situation. There has been an outpouring of volunteering and solidarity for those unable to go out of their homes. However when the majority return to work, school, education or other places, there is a real risk that this solidarity will dwindle and that disabled people will become forgotten and left without support as social care providers struggle to cope.

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- If, on the contrary, the government were to inject funds into social care and other services for disabled people, via local authorities and central funding, so that these could be maintained at pre-COVID-19 levels and indeed expanded, with more adequate pay, status and security for staff, this could be part of an economic stimulus package. It is, even now (after years of underfunding), a sizeable sector of the economy and workers will almost always swiftly spend what they earn on groceries, rent and so forth, bolstering local economies (<https://neweconomics.org/2019/08/fix-productivity-crisis-by-giving-workers-more-paid-holiday-and-higher-wages>). Social security for disabled people also ends to go into corner shop or high street spending (enabling staff then to buy goods and services themselves) and in other ways stimulate the economy.

Covid 19 and abuse against disabled people

Disabled people – and disabled women and girls in particular – are more likely to experience more than one form of abuse during their lifetime

- Disabled women are 3 times more likely to experience domestic abuse than non-disabled women.
- Disabled children and adults in institutional care (residential homes, mental health wards, long-stay private hospitals for people with learning disabilities, supported housing) are more likely to be physically or sexually abused
- Disabled girls are at particularly high risk of sexual abuse
- Abuse against disabled adults and children is under-identified under-reported, and responses by statutory services often fail to provide protection or justice. Until very recently, domestic abuse against disabled women was not identified at all and subsumed under the 'safeguarding vulnerable adults' process, which to this fails to protect those being abused.
- The fear of going out is of course a major deterrent, and may be being used by abusers to control further the victim.

Many disabled people are aware that national policy including the original NICE guidelines place very little value on our lives, and may have assimilated this view and therefore not value their own safety.

At a time when many disabled people are in their own home with a partner, family members, paid or unpaid care workers or PAs, or in 'a home' with paid workers and very little external oversight, it is our view that disabled people are at high risk of abuse during the COVID 19 crisis. In the coronavirus pandemic, many people have behaved in a caring and considerate manner.

But other people are taking out their fear and frustration on others around them (and escaping from someone being abusive can be harder).

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Covid 19 and Hate Crime against disabled people

- The incidence of hate crime is rising across all communities, as reported by the Metropolitan Police. Stay Safe East is part of a network of disabled people's organisations and also of the CATCH partnership of organisations working on all forms of hate crime across London. We and all our partners have seen a rise in referrals of victims of hate crime – for example disablist and racist threats from neighbours against children or young people with autism and their families, on-line abuse, threats against visibly disabled people who have to go out and are abused on the street- there is a thin line between seeing people as 'vulnerable' and seeing them as an easy target for abuse.
- Drawing attention to and escaping harassment and hate crime by neighbours or others and cuckooing may also be harder. A range of statutory and voluntary agencies and mutual aid networks has a part to play, as well as broader awareness in society. Stay Safe east is supporting clients who have been experiencing long-term abuse from neighbours, where the abuse/hate crime has escalating since the lockdown, and the level or the risk has increased. Police responses are sometimes good, often less so. Moving people at risk is difficult at present – and disabled people who are shielding are caught between fear of abusers next door and fear of catching the virus if they leave their home.
- Online harassment and hate crime are also rising, and in particular targeting of disabled people for abuse and fraud- financial and sexual exploitation but also hate motivated name-calling and threats.

Covid 19 and domestic abuse against disabled people

Domestic abuse rates are also rising:

(<https://www.theguardian.com/society/2020/mar/26/warning-over-rise-in-uk-domestic-abuse-cases-linked-to-coronavirus>,
<https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence>, <https://www.theguardian.com/society/2020/apr/12/domestic-violence-surges-seven-hundred-per-cent-uk-coronavirus>).

No disaggregated data is available at present on how many of these victims are disabled women or men. However the evidence from our work and that of our partners indicates a slow rise in numbers over the next few months:

- Stay Safe East has seen a small rise in domestic abuse referrals in the past month. However, we know from our existing clients that the risks are especially high for disabled women who still live with an abusive partner or family members on whom they depend for personal care, communication, information about the virus, or

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other help with daily life. We have had new referrals for women who are living with an abusive partner, but we cannot contact them because they cannot communicate safely with us. It is likely we will see a surge in referrals when the lockdown of the general population is relaxed, and some abusers return to work, but it may be many more months before disabled victims of domestic abuse are able to contact an outside agency.

Disabled people, especially women, may be at particular risk, especially if they:

- a) are more isolated during lockdown;
 - b) are reliant on their abuser for care or access to supplies, money, communication or understanding the current crisis (including being told they cannot go out at all)
 - c) cannot easily make calls or send messages; and/or
 - d) have no assurance that support or emergency accommodation will be accessible or appropriate
 - e) they will get the help they need with personal care, communication, daily living etc if they leave.
 - f) Fear of institutionalisation (partly instilled by the abuser) is reported by our clients and those of our partner agencies as a significant factor in not reporting domestic abuse; at the current time when entering institutional care is seen by many as a potential death sentence due to Covid 19, this acts as a powerful deterrent to speaking out
- Specialist services and awareness on the part of generalist providers and local authorities are important, along with maintenance and expansion of services providing practical and emotional support. Stay Safe East has been working with key national organisations such as Women’s Aid and Safe Lives, and with the Home Office to ensure that campaigns aimed at victims/survivors are inclusive of disabled women.
 - Carers may also need advice and assistance, including those who are key workers and are worried about how a disabled person is being treated by another household member when they are out. If some people lose their accommodation due to financial problems and move in with family or friends and others are discharged early from prisons or other institutions, who is living with whom may change considerably, bringing certain risks.
 - Disabled people who are seeking asylum, have irregular or uncertain immigration status or are expected to be economically reliant on a spouse may face particular

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problems if subjected to domestic abuse. Stay Safe East supports the call from violence against women and girls organisations for No Recourse to Public Funds to be suspended so that those who need to escape from an abuser can do so without falling into destitution.

Abuse of disabled children

- Risk of abuse of disabled children may also rise further (<https://www.who.int/disabilities/violence/en/>) during lockdown, especially if access to support from outside the household is restricted and/or who is around in the daytime changes. Lack of play and learning opportunities (formal or informal) may also affect development.

Institutional abuse

- Disabled people in residential care are not only at risk from Covid 19. Whilst the vast majority of social care staff are committed to their role and non-abusive, abuse in residential institutions is all too frequent occurrence. The lockdown and lack of face-to-face oversight by agencies such as CQVC and local authorities mean that abusers have a virtual license to abuse disabled people. Against, it is likely that these crimes will not emerge until after the Covid 19 emergency is over, if at all. It is also likely that some deaths ascribed to COVID-19 among disabled people in care homes may be at least partially a result of neglect.

Recommendations

Stay Safe East recommends the following to alleviate the inequality experienced by disabled people during Covid 19 crisis, and to ensure our human rights are respected.

1. Human rights

- In general, it would be advisable to apply equality impact assessment to COVID-19 policy proposals.
- All-cause mortality statistics in hospital, other institutions and at home, in as close to real time as possible, with estimates of how many are disabled and/or with other protected characteristics, could be extremely valuable in tracking direct and indirect effects of the pandemic and considering effective responses. There are many unknowns and clearer information can help in identifying and addressing problems and sharing good practice.
- Ongoing discussions which include Deaf and disabled people’s organisations, organisations supporting domestic abuse victims and survivors and people facing hate crime, along with attention to equality and human rights principles, are important in the response to COVID-19. If information and insights from different sources are brought together, decisions are likely to be of higher quality.

3 weeks

- Requirement on central and regional government to work with other statutory and non-statutory partners to address needs of domestic abuse and hate crime victims, taking account of protected characteristics including disability, ethnicity and sex?
- Provision of adequate PPE to protect those receiving and delivering social care and continuing health care, wherever this is provided and by whom, including emergency arrangements for older and disabled people moving out of their usual residence because of harassment or abuse?
- Any local authorities proposing to reduce their duties under Care Act to publish beforehand an equalities impact assessment, taking account of disability, age and other protected characteristics as well as socioeconomic status, consulting the individuals and representative organisations most affected, and taking account of potential risks of relying on family, friends and neighbours for care?

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- Requirement for mental health commissioners and providers to consult service users, carers and their organisations about ensuring adequate provision which takes account of protected characteristics, including emergency care which is least restrictive, protects dignity and takes account of past experiences of violence, coercive control and harassment
- If patients who are diagnosed with, or having strong possibility of, coronavirus are discharged from hospital or, having sought emergency care, not admitted, account must be taken of factors which may affect their ability to cope at home, especially if they have underlying health conditions or access needs and risks to anyone with whom they live in residential care, hostels or other accommodation?

6 months

- Repeal of contentious Coronavirus Act measures which reduce Care Act responsibilities and safeguards for people with (or thought to have) mental health issues?
- Review of the effects of government responses to the pandemic on the wellbeing and human rights of sections of the population already facing disadvantage and discrimination, taking account of disability and other protected characteristics and the effects of past and present violence, harassment and trauma?

2. Abuse against disabled people

- Ensure that all communications with survivors of domestic abuse and hate crime are:
 - Inclusive of the types of abuse faced by Deaf and disabled people
 - Accessible to all, including BSL video, Easy Read, large print, plain English and spoken community languages
- Ensure that the Domestic Abuse Bill becomes law as soon as possible but takes account of the needs of disabled and/or migrant survivors
- Ensure that substantial funding is made available to organisations working with victims of hate crime, targeted crime, domestic and sexual abuse and other forms of violence against women and girls, and of institutional abuse, and that a significant proportion of funds are targeted at specialist user-led organisations for and of disabled women, BAME women, and the LGBT community

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- Health, mental health, adult and children’s services must assess domestic abuse risks during all assessments for social care, including reviews and for patients being discharged from hospital

Stay Safe East May 2020

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